

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: Expires: Estimated average burden hours per response: SEC USE ONLY

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Spell Capital Partners Fund III, LP **□ULOE** □Section 4(6) □Rule 505 ⊠Rule 506 □Rule 504 Filing Under (Check box(es) that apply): Type of Filing: □New Filing **⊠**Amendment A. BASIC IDENTIFICATION DATA Francisco Contractor 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Spell Capital Partners Fund III, LP Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Executive Offices (612) 371-9650 222 South Ninth Street, Suite 2880, Minneapolis, MN 55402 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (if different from Executive Offices) **Brief Description of Business** Private equity investment fund Type of Business Organization ☑ limited partnership, already formed ☐ other, (please specify): ☐ corporation FINANCIAL ☐ limited partnership, to be formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: □Estimated **⊠**Actual 0 | 5 1 0 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: N CN for Canada; FN for other foreign jurisdiction)

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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#### A BASIC IDENTIFICATION DATA

A. BASIC IDENTIFI	CATION DATE	<u> </u>					
2. Enter the information requested for the following:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;							
<ul> <li>Each beneficial owner having the power to vote or dispose</li> </ul>	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of						
equity securities of the issuer:							
• Each executive officer and director of corporate issuers a	nd of corporate	general and manag	ing partners of partnership				
issuers; and							
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner				
Full Name (Last name first, if individual)							
SCP Management III, LLC	~ 1 \						
Business or Residence Address (Number and Street, City, State, Zip (	Code)						
222 South Ninth Street, Suite 2880, Minneapolis, MN 55402							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	<b>Executive</b>	☐ Director	☐ General and/or				
	Officer	3.1	Managing Partner				
Full Name (Last name first, if individual)							
Spell, William	*.						
Business or Residence Address (Number and Street, City, State, Zip	Code)						
222 South Ninth Street, Suite 2880, Minneapolis, MN 55402	** ** ** ** ** ** ** ** ** ** ** ** **						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	■ Executive	☐ Director	☐ General and/or				
	Officer		Managing Partner				
Full Name (Last name first, if individual)							
West, Dobson							
Business or Residence Address (Number and Street, City, State, Zip	Code)						
222 South Ninth Street, Suite 2880, Minneapolis, MN 55402							
Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive	☐ Director	☐ General and/or				
Check Dox(cs) distribution	Officer		Managing Partner				
Full Name (Last name first, if individual)							
Spell, Harry		** ** ** ** ** ** ** ** ** ** ** ** **	-:				
Business or Residence Address (Number and Street, City, State, Zip	Code)						
222 South Ninth Street, Suite 2880, Minneapolis, MN 55402							
Check Box(es) that Apply:  Promoter  Beneficial Owner	☑ Executive	☐ Director	☐ General and/or				
Check Box(es) that Apply: $\Box$ Fromoter $\Box$ Beneficial Owner	Officer	<b>—</b> <i>Dato</i> :::	Managing Partner				
T. 11 No. (I and many first if individual)	Officer		8				
Full Name (Last name first, if individual)			·				
Richard, Bruce Business or Residence Address (Number and Street, City, State, Zip	Code)						
Business of Residence Address (Number and Succe, City, State, Zip	Code)						
222 South Ninth Street, Suite 2880, Minneapolis, MN 55402	V Enganting	☐ Director	☐ General and/or				
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer	Director	Managing Partner				
Full Name (Last name first, if individual)	*						
Jones, Steve							
Business or Residence Address (Number and Street, City, State, Zip	Code)	,					
222 South Ninth Street, Suite 2880, Minneapolis, MN 55402							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner		☐ Director	☐ General and/or				
	Officer		Managing Partner				
Full Name (Last name first, if individual)							
Rikkers. Jim							

222 South Ninth Street, Suite 2880, Minneapolis, MN 55402

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
••••												Yes	No ⊠
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.					•••••		لکا					
2.	21.1								\$125,000				
2.												Yes ⊠	No
3.				nt ownersh								IZI	
4.	Enter the	he inform	ation requ	ested for or similar i	each pers	son who l	has been	or will be fourchase	e paid or	given, di ection with	rectly or a sales of		
	cecuriti	es in the c	ffering	If a persor	n to be lis	ted is an	associated	person of	agent of	a broker	or dealer		
	register	ed with the	SEC and	or with a	state or st	ates, list th	ie name of	the broke	r or dealei	r. If more	than five		
	(5) pers	ons to be	listed are a	associated	persons o	f such a bi	oker or de	ealer, you	may set to	orth the int	ormation		
Enli		broker or Last name											
	`											·····	
Bus	iness or	Residence	Address (	Number a	nd Street,	City, State	, Zip Cod	e)					
Nan	ne of As	sociated B	roker or D	Dealer									
Stat	es in Wl	nich Person	n Listed H	as Solicite	d or Inten	ds to Solic	it Purchas	ers			······································		
	Check "	All States"	or check	individual	States)							□All Sta	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	Name (	Last name	first, if in	dividual)									
Bus	iness or	Residence	Address	(Number a	nd Street,	City, State	e, Zip Cod	e)					
Naı	ne of As	sociated E	Broker or I	Dealer			-						
Sta	tes in W	hich Perso	n Listed F	Ias Solicite	d or Inter	ds to Solid	cit Purchas	sers		-		□ A 11 C4-	4
(	•			individual		[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□All Sta [HI]	[ID]
	[AL]	[AK]	[AZ]	[AR]	[CA]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[IL]	[IN]	[IA]	[KS]	[KY]	-	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]			[WA]	[WV]	[WI]	[WY]	[PR]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[ [ [ ]	[ ( 1 )	[ (	[]
Ful	l Name	(Last name	e first, if in	ndividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)						□All Sta [HI]	ates [ID]						
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]			[MN]	[MS]	[MO]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]			[PA]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	-
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<u>OI</u>	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCE	EDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt Equity	\$ \$	\$ \$
	□ Common □ Preferred		<b></b>
	Convertible Securities (including warrants)	\$ \$100,000,000	\$ <u>17,975,000</u>
	Partnership Interests	\$ <u>100,000,000</u> \$	\$ <u></u>
	Other (Specify)	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	59	\$ <u>17,975,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		<b>p</b>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested		
	for all securities sold by the issuer, to date, in offerings of the types indicated, in the		
	twelve (12) months prior to the first sale of securities in this offering. Classify		
	securities by type listed in Part C - Question 1.	Type of	Dollar
	m coss :	Security	Amount Sold
	Type of Offering Rule 505	Booming	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and		
٦,	distribution of the securities in this offering. Exclude amounts relating solely to		
	organization expenses of the issuer. The information may be given as subject to		
	future contingencies. If the amount of an expenditure is not known, furnish an		
	estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□ \$
	Printing and Engraving Costs		<b>⊠</b> \$ 2,000
	Legal Fees	******	<b>X</b> \$ 15,000
	Accounting Fees		<b>⊠</b> \$ 2,500
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify): Postage, telephone, office supplies, misc.		<b>⊠</b> \$ 5,000
	Total	······	\$ <u>24,500</u>

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AN	D U	SE OF PROCEE	DS	
	b. Enter the difference between the Part C - Question 1 and total expense 4.a. This difference is the "adjusted ground or the control of the			\$ <u>99,975,500</u>		
5.	Indicate below the amount of the ad proposed to be used for each of the pur is not known, furnish an estimate and could be total of the payments listed must equal forth in response to Part C - Question 4					
	•		<b>[</b>	Payments to Officers, Directors & Affiliates	Payments to Others	
				·	<b>\$</b>	
					<b>\$</b>	
		Illation of machinery and equipment			□ \$	
		ldings and facilities			<b>\$</b>	
	<del>-</del>			\$	<b>№</b> \$ <u>82,725,500</u>	
	Repayment of indebtedness			\$	<b>\$</b>	
	Working capital			\$	<b>№</b> \$ <u>1,500,000</u>	
	Other (specify) (reimbursement of o	$\times$	\$ <u>750,000</u> [	□ \$		
			X	\$ <u>15,750,000</u> [	<b>⊠</b> \$ <u>84,225,500</u>	
	Total Payments Listed (column tota	ls added )		<b>⊠</b> \$ <u>9</u> 9	<u>,975,500</u>	
1.47		D. FEDERAL SIGNATURE				
505, upor	the following signature constitutes an	e signed by the undersigned duly authorized pundertaking by the issuer to furnish to the U. tion furnished by the issuer to any non-accred	S. Se	curities and Exch	ange Commission,	
	er (Print or Type) I Capital Partners III, LP	Signature		Date October 9,	2006	
	e of Signer (Print or Type) es Rikkers	Title of Signer (Print or Type) Director of General Partner, SCP Manage	emen	it III, LLC	•	
ATTENTION  Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)						
11110		ince constitute react at criminal vividuous,	OCC	10 0.0.C. 1001.)		